



# REQUEST FOR MENTORING SERVICES

Identifying Information										
Who is filling out this form?			<input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Agency Name:			Today's Date:				
Referral Source/Agency Name:										
Mentoring Program Request:			<b>Long Term:</b> <input type="checkbox"/> Caregiver <input type="checkbox"/> Youth 8-18+ <input type="checkbox"/> 1 <sup>st</sup> Generation College Student <b>Short Term:</b> <input type="checkbox"/> Senior Citizen <input type="checkbox"/> High School Student							
Client Name:					DOB:					
<i>First</i>			<i>Last</i>							
Address:										
<i>Street Address</i>					<i>Apartment/Unit #</i>					
<i>City</i>					<i>State</i>		<i>Zip Code</i>			
Home Phone:					E-mail Address: Client or Parent/Guardian					
Cell Phone:					Race/Ethnicity:					
Emergency Contact:					Primary Language spoken at home					
<b>FOR YOUTH, ADOLESCENTS and HIGH SCHOOL STUDENTS:</b>										
Youth lives with both parents?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Youth lives with one parent?		YES <input type="checkbox"/>		NO <input type="checkbox"/>
Youth lives with relative?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how long?				
Youth is in placement (foster, group home, residential)?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	Which & for how long?				
Caretaker Name:					Relationship to child:					
Grade in school:					Graduation year:					
Describe school performance:										
<b>FOR CAREGIVERS and SENIOR CITIZENS:</b>										
Client lives with her/his child(ren)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Briefly explain						
Client lives with spouse/partner		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Briefly explain						
Is client currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Briefly explain						
Does client receive other social services?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Briefly explain						
Does client have a history of child abuse/neglect/domestic violence?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Briefly explain						
Does client have a history of substance abuse?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Briefly explain						
Does client or child(ren) have mental health diagnosis/special needs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Briefly explain						

### Additional Information

Reason for referral/request:					
List client's main challenges:					
List client's strengths:					
Identify specific goals that would be helpful for client to explore with a mentor :					
List interests & hobbies:					
Members of household	Name:	Relationship:		Age:	

### Agency History (if applicable)

Reason for involvement with family?								
Does family have history with your organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please describe:					
List all services received to date:								
Ongoing services?			How long?					
If closing case, list any agency referrals for additional services:								
Juvenile Justice Involvement?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Family/Youth aware of referral?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Client wants mentor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

### Agency Contact Information (if applicable)

Referring Case Manager:			Phone:	(     )
Supervisor Name:			Phone:	(     )
Agency Name:			Cell Phone:	(     )
Additional contact Information:	E-mail Address:			

### Client and Agency (if applicable) Consent

I understand that the purpose of this form is to request a mentor to act as a positive role model and to support my achievement of specific personal goals. I understand I will need to meet the eligibility requirements to be matched with a mentor.

I authorize the staff of Bergen Volunteers to discuss/share/release pertinent and confidential information with my case manager (if applicable) and potential mentors for the purpose of establishing my eligibility and for making an appropriate match.

Fees:

Long-Term: I understand there is fee of \$30 a month, with an annual commitment, to be enrolled in the mentoring program, only if I am matched with a mentor.

Long-Term: I understand that if I was referred by an agency, the agency pays a \$500 fee, with an annual commitment, to be enrolled in the mentoring program, only if I am matched with a mentor.

Fees:

Short-Term: I understand that there is a fee of \$10 a month, with a month-to-month commitment, to be enrolled in the mentoring program, only if I am matched with a mentor.

I grant Bergen Volunteers the irrevocable right to take, edit, alter, copy, exhibit, publish, distribute and make use of my likeness in any photographs, video, audio, or quotes in any medium, without payment or any other consideration.

Case Manager Signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Submission Requirements

Completed forms may be submitted via e-mail to [ltredici@bergenvolunteers.org](mailto:ltredici@bergenvolunteers.org).

Please contact us with any questions at 201.489.9454 x208.

Office Use Only: Enrollment Date: \_\_\_\_\_

Previously Referred Y ☐ N ☐

Previously Matched Y ☐ N ☐

**Notes:**